2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L05000121794

Entity Name: SOCIAL SECURITY DISABILITY ASSOCIATES, L.L.C.

Current Principal Place of Business:

115 N.E. 6TH AVE.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

115 N.E. 6TH AVE.
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRUEGER, SCOTT D
2750 N.W. 43RD ST., STE. 201
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D ( ) Change (X) Addition
Name: WHITTINGTON, MEREDITH MS.
Address: 115 NE 6TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MEREDITH WHITTINGTON D 05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date